

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08613

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH: Green Avenue  
County. Md  
City or town. Bethesda  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 35 yrs  
Hospital, Institution, or street address where death occurred:  
How long in hospital or institution?.....

131b  
2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State. Md  
County. Green Avenue  
City or town. Bethesda  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 600  
(If rural, give LOCATION)

3. (a) FULL NAME Francis Addison Eucary

3. (b) Social Security Number ✓

|                                                                 |                                           |                                                             |
|-----------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|
| 4. Sex <u>Male</u>                                              | 5. Color or race <u>White</u>             | 6. (a) Single, married, widowed, or divorced <u>Married</u> |
| 6. (b) Name of husband or wife. <u>Malel Alise Eucary</u>       |                                           |                                                             |
| 7. Birth date of deceased (mo., day, yr.) <u>June 25 - 1882</u> | 6. (c) If alive, give age <u>65</u> years |                                                             |

8. AGE: 

|                 |                 |               |                                                     |
|-----------------|-----------------|---------------|-----------------------------------------------------|
| Years <u>66</u> | Months <u>1</u> | Days <u>8</u> | If less than one day<br>hrs. <u>0</u> mln. <u>0</u> |
|-----------------|-----------------|---------------|-----------------------------------------------------|

9. Birthplace Bethesda, Md  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Feeding the Soil

12. Name Addison Eucary

13. Birthplace Green Ave. Co.

14. Maiden name Anna Spence

15. Birthplace Gales, Kent Co. Md

16. Informant Addison Eucary

Address 5031-12th St. N.E. Bethesda, Md

17. Date thereof Aug 4/48  
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Bethesda field

Location Bethesda, Md

18. Funeral director Barton Bros.

Address Bethesda, Md

19. Date rec'd by registrar 8-3-48 Elie Armstrong  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7<sup>th</sup> 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 8/7 1948 and that I last saw him alive on Aug 1<sup>st</sup> 1948

Immediate cause of death

Chronic nephritisDue to of his heartDue to Chronic nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)

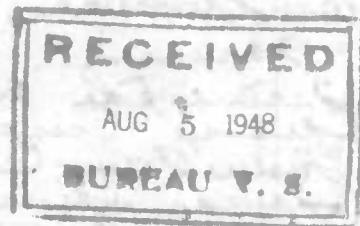
Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE H. M. Hansen M. D. or otherAddress Bethesda, Md Date signed 8/5/48

1 dog, 1 cat, & Paul - Sister

Spring Park, Minn. - Cora & Gary



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8824

## CERTIFICATE OF DEATH

170c

Reg. Dist. No. 252

1. PLACE OF DEATH: Jaew Avenue  
 County: Chester Md  
 City or town: Chester Md  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Howard Edward Gardner

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife: \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Dec 5 - 1925 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: 22 Years 6 Months 80 Days If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Long Point, Md (Town, county, and state)10. Usual occupation Meatman11. Industry or business Do not know12. Name Micahel Gardner13. Birthplace Chester, Md14. Maiden name Micahel Gardner15. Birthplace Chester, Md16. Informant Mrs. Paula Marie GardnerAddress Stonewood, Md17. Burial, cremation, or removal (which?) Burial Date thereof Aug 6/48Cemetery or crematory Hugley CemeteryLocation Chester, Md18. Funeral director Bart's BrosAddress Centreville, Md19. 8-6-48 Elie Armstrong (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State: Md County: Baltimore  
 City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. Scene several feet (If rural, give LOCATION)

2. (a) If veteran, name war: \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 - 1948 at 12-0 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. \_\_\_\_\_, to: \_\_\_\_\_, 19. \_\_\_\_\_

and that I last saw h. \_\_\_\_\_ alive on: \_\_\_\_\_

Immediate cause of death: Fracture of skull DURATIONlower jaw & left legDue to: Result of being hit by an auto

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_

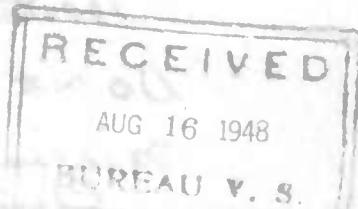
(Include pregnancy within 3 months of death)

Major findings of operations: \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results: \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of: 8/4-48Accident, suicide, or homicide: Accident Date of: 8/4-48Where did injury occur? Dominion 24 (City or town) (County) (State) 701Injured at home, farm, industry, public place (where?) Stile laboratoryMeans of injury Struck by auto Injured at work? No23. SIGNATURE. W. Harvey Fisher Ass'ty. State's Atty. for the People Date signed: 8/5-48Address: Centerville, Md Date signed: 8/5-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08614

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: Dyson Ave  
 County: Chester rural  
 City or town: Chester (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Md. County: Dyson Ave  
 City or town: Chester (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 2.(a) if veteran, name war: World War (If rural, give LOCATION)

3. (a) FULL NAME Kearley Talgham Hampton  
 4. Sex: Male 5. Color or race: White 6.(a) Single, married, widowed, or divorced: Married  
 6.(b) Name of husband or wife: Evelyn Hampton  
 7. Birth date of deceased (mo., day, yr.): Sept 4-1893 8.(c) If alive, give age: 42 years  
 8. AGE: 54 Years 11 Months 8 Days If less than one day hrs. min.  
 9. Birthplace: 2 a Co. Md. (Town, county, and state)  
 10. Usual occupation: Waterman & Farmer  
 11. Industry or business:  
 MOTHER FATHER: 12. Name: John J. Hampton 13. Birthplace: 2 a Co. Md.  
 MOTHER: 14. Maiden name: Domilla Thompson 15. Birthplace: 2 a Co. Md.  
 16. Informant: Mrs Evelyn Hampton wife  
 Address: Chester Md  
 17. Burial: Burial Date thereof: Aug 15-1948 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory: Stevensville  
 Location: Stevensville Md  
 18. Funeral director: Elgar of Lane  
 Address: Church Hill Md  
 19. Date rec'd by registrar: Aug 16 1948 Elizabeth Foster (Date rec'd by registrar) Registrar

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 12 1948 at 6:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18. to 19.

and that I last saw h. alive on 19.

Immediate cause of death:

Coronary Occlusion

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

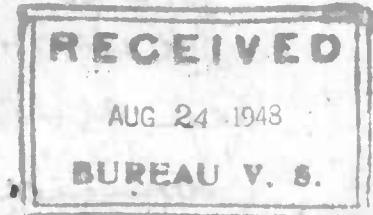
Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or otherAddress: Port Deposit Md Date signed: 8/12/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

## CERTIFICATE OF DEATH

Reg. Dist. No.

08615

254

## 1. PLACE OF DEATH:

County

Queen Anne

City or town

Grosanville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 1/2 mos.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Florence Elizabeth Sanford

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Charles Sanford

7. Birth date of deceased (mo., day, yr.)

August 1, 1914

6. (c) If alive, give age years

8. AGE:

Years  
34Months  
0Days  
15If less than one day  
hrs. min.

9. Birthplace

Chester Pa.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Ralph B. Mother

FATHER

12. Name

Bridgeton N.J.

MOTHER

13. Birthplace

Doris Barrett

MOTHER

14. Maiden name

Chester, Pa.

15. Birthplace

Mrs. Doris Ridgeway

16. Informant

Grasonville, Md.

Address

17. Removal

Date thereof Aug. 19, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Arlington, Va.

Location

Phila. Pa.

18. Funeral director

J. E. Clark

Address

Boston, Md.

19. 8/17

1948 N.H. Nease

(Date rec'd by registrar)

H. M. Abridge

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa.

County

Philadelphia

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1028

W. Silver St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 16, 1948, at 3:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1948, to August 16, 1948, and that I last saw her alive on August 16, 1948.

Immediate cause of death

Rheumatic Cardiovascular  
Renal Disease

DURATION

9 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of Injury

Injured at work?

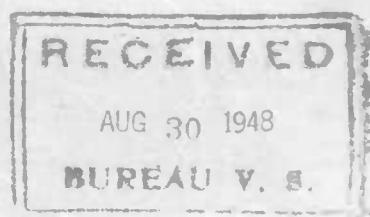
23. SIGNATURE

William C. Nease, MD

M. D. or other

Address Queenstown, Md. Date signed 8-16-48

Mr. George Aldridge  
Registrar,  
Preston, Md.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:  
 County *Queen Anne's*  
 City or town *Grasonville*  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *all her life*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Elizabeth May Shanks*

4. Sex *Female* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *Married*

8. (b) Name of husband or wife *Thomas W Shanks*T. Birth date of deceased (mo., day, yr.) *May. 2 - 1884*6. (c) If alive, give age *67* years8. AGE: 

|                 |                 |               |                                     |
|-----------------|-----------------|---------------|-------------------------------------|
| Years <i>64</i> | Months <i>3</i> | Days <i>9</i> | It less than one day                |
|                 |                 |               | hrs. <i>.....</i> min. <i>.....</i> |

9. Birthplace *Grasonville 2 a Co Maryland*  
(Town, county, and state)10. Usual occupation *Housewife*

11. Industry or business

MOTHER FATHER 12. Name *Alejandro Denis*13. Birthplace *Queen Anne's Co Maryland*14. Maiden name *Della May Andrews*15. Birthplace *Talbot Co Maryland*18. Informant *Thomas W Shanks*Address *Grasonville Maryland*17. Burial *Burial* (Burial, cremation, or removal. Which?)Date thereof *Aug 14 1888*  
(month) (day) (year)Cemetery or cemetery *Grasonville*Location *Grasonville Maryland*18. Funeral director *Thaxter T Bar*Address *Centreville Maryland*19. *Aug 14 1888 Helen M. Aedridge*  
(Date rec'd by registrar) *19.* *Reg.* *131a*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State *Maryland* County *Queen Anne's*City or town *Grasonville*  
 (If outside city or town limits, write RURAL and give nearest town)Street No. *.....*  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

*none*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *August 11 1888*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Aug 8 1888* to *Aug 11 1888*and that I last saw h. *.....* alive on *Aug 11 1888*Immediate cause of death *celled thrombosis*Due to *Arterioclerosis, general*Due to *arteriosclerosis*Other conditions *myocardial degeneration*DURATION *Aug 8 1888 to Aug 11 1888*Other conditions *.....*

(Include pregnancy within 3 months of death)

Major findings of operations *.....* Date of op. *.....*Autopsy results *.....*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide *.....* Date of *.....*Where did injury occur? *.....* (City or town) *.....* (County) *.....* (State) *.....*Injured at home, farm, industry, public place (where?) *.....*Means of injury *.....* Injured at work? *.....*23. SIGNATURE *Reverend Sattelmair*M. D. or other *.....*Address *Stevensville* Date signed *Aug 11 1888*

RECEIVED TO DIRECTOR OF THE BUREAU

RECEIVED BY TELETYPE

RECEIVED

AUG 19 1948

BUREAU RECEIVED

AUG 19 1948

BUREAU

*(A circle with a checkmark is placed next to this line)*  
Evidence for correction  
of age shown on:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08617

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

FILM NO. 6 117 AUG 27 1948

## 1. PLACE OF DEATH:

County.

Green Anne

City or town.

Crumpton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Elma Spry

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Fem. White Widowed

6. (b) Name of husband or wife.

Yes Spry - deceased

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.)

February 22-1867

8. AGE: Years

Months

Days

If less than one day

86 67

5

21

hrs. min.

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Henry Hendricks

13. Birthplace

Md.

14. Maiden name

Katherine Woodall

15. Birthplace

Md.

16. Informant

Mrs. Ethel Ryland

Address

Crumpton Md.

17. Burial

Crumpton

(Burial, cremation, or removal. Which?)

Date thereof. Aug. 15-1948  
(month) (day) (year)

Cemetery or crematory

Crumpton

Location

Crumpton Md.

18. Funeral director

Edgar L. Lane

Address

Church Hill Md.

19. Aug 14 48

Edgar L. Lane

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Md.

County.

Green Anne

City or town. Crumpton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

August 13 1948 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 22 1948 to Aug 13 1948

and that I last saw her alive on Aug 6 1948

Immediate cause of death. Cancer of uterus

DURATION

Due to.

Due to.

Due to.

Other conditions. Arteriosclerotic

Heart disease

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.

H. Hamilton

M. D. or other

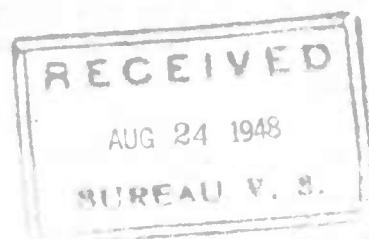
Address.

Huntington Md. Date signed 14/1/48

The correct age

is especially important.

Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08830

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County. Queen Anne

City or town. Kingston

(If outside city or town limits, write RURAL and give nearest town)

21 years

How long in above place of death? 21 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Vernon B. Stahl

|        |                  |                                              |
|--------|------------------|----------------------------------------------|
| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
| male   | white            | married                                      |

8. (b) Name of husband or wife. Mary Stahl

7. Birth date of deceased (mo., day, yr.) October 19, 1904

8. AGE: Years Months Days If less than one day

43 10 6

hrs. min.

9. Birthplace. Hanover, Penna.  
(Town, county, and state)

10. Usual occupation. Truck Driver

11. Industry or business. self

12. Name. Robert Stahl

13. Birthplace. Penna.

14. Maiden name. Bertha House

15. Birthplace. Penna.

16. Informant. Mrs. Harry Skipper

Address. Chestertown, Md.

17. Burial. Date thereof. Aug. 28, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory. Mount Olivet

Location. Hanover, Penna. York County

18. Funeral director. J. Willis Wells

Address. Chestertown, Maryland

19. (Date rec'd by registrar) Aug. 26 1948

Signature. Edward A. Hand

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. Queen Anne

City or town. Kingston

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH. Aug 28 1948

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

Jul 20 1948 to Aug 28 1948 and that last saw him alive on Aug 28 1948

Immediate cause of death. Fulminant pulmonary tuberculosis

Due to. Pulmonary tuberculosis

Due to. Pulmonary tuberculosis

Other conditions. Peritonitis

(Include pregnancy within 3 months of death)

Major findings of operations. none

Date of op.

Autopsy results. no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, term, industry, public place (where?)

Means of injury

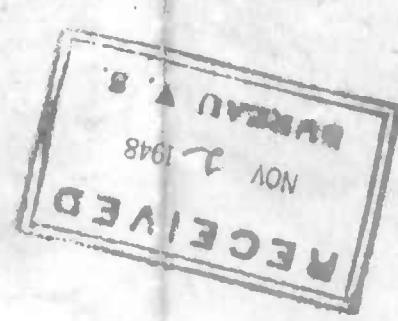
Injured at work?

23. SIGNATURE. Edward A. Hand

M. D. or other

Address. 101 Chestertown Rd

Date signed. Aug 26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08618

## CERTIFICATE OF DEATH

Reg. Dist. No. 257

## 1. PLACE OF DEATH:

County. Dover Anne Arundel  
 City or town. Rural Centreville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lewis Starkey

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white widowed6. (b) Name of husband or wife Annie Coker Starkey7. Birth date of deceased (mo., day, yr.) Jan. 17 - 18668. AGE: Years 62 Months 6 Days 27 If less than one day9. Birthplace Briarstem, Charles Co., Md.  
 (Town, county, and state)10. Usual occupation Farming

## 11. Industry or business

12. Name Frank Starkey13. Birthplace Caroline Co., Maryland14. Maiden name Do not know

15. Birthplace " " "

16. Informant Ezra W. StarkeyAddress 107 Stanley Lane, Calvert Park17. (Burial, cremation, or removal, which?) Burial Date thereof Aug. 15 - 48  
 Cemetery or Church Hill Date thereof Aug. 15 - 48 (month) (day) (year)Location Church Hill, Maryland18. Funeral director Boatman TiceAddress Centreville, Maryland19. (Date rec'd by registrar) Aug. 15 - 48 Elie Armstrong  
 Registrant

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State. Maryland County. Anne Arundel

City or town. Rural Centreville  
 (If outside city or town limits, write RURAL and give nearest town)Street No. 20  
 (If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

Aug. 13 - 4820. DATE OF DEATH Aug. 13 - 48 at 15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. , to .

19.

and that I last saw h. alive on .

19.

## Immediate cause of death

Coronary occlusion

Due to .

Due to .

Other conditions .

(Include pregnancy within 3 months of death)

## Major findings of operations.

Date of op.

## Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of .

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. Harvey Fisher  
 Date Aug. 15 - 48 Elie Armstrong Boatman TiceAddress Centreville, Maryland Date signed Aug. 15 - 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08619

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County Queen Anne

City or town Queen Milling St.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Melvin Nursing Home

How long in hospital or institution? 2 mos

## 3. (a) FULL NAME

Nelson A. Williams

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

w

Married

## 6. (b) Name of husband or wife

Annie L. Williams

## 7. Birth date of deceased (mo., day, yr.)

Sept. 27 1874

6. (c) If alive, give age 66 years

## 8. AGE:

Years

Months

Days

If less than one day

73

10

15

hrs.

min.

## 9. Birthplace

Rock Hall, Kent Co. Md.

(Town, county, and state)

## 10. Usual occupation

farmer

## 11. Industry or business

farm

FATHER

## 12. Name

Joseph W. Williams

## 13. Birthplace

Phila. Pa.

MOTHER

## 14. Maiden name

Martha Coleman

## 15. Birthplace

Rock Hall, Maryland

## 16. Informant

Mrs. Annie L. Williams

## Address

817 High St. Chestertown Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 13 1948

(month) (day) (year)

## Cemetery or crematory

Wesley Chapel

## Location

Rock Hall, Maryland

## 18. Funeral director

Marion L. Williams

## Address

Chestertown, Maryland

## 19. (Date rec'd by registrar)

Aug. 17 1948

Edgar L. Lane

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 817 High

(If rural, give LOCATION)

2.(o) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

August 11 1948 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/23 1948 to Aug 11 1948

and that I last saw her alive on around 8/3 1948

## Immediate cause of death

Chronic Endo. Respiratory Disease

Decomposition

Due to arteriosclerosis

DURATION

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

Edgar L. Lane

M. D. or other

Address Rock Hall, Md. Date signed 8/11/48

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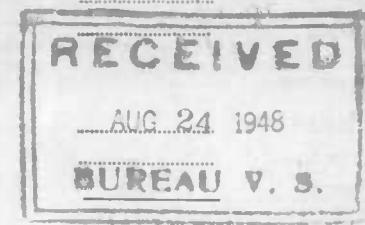
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### Classification

(cont'd)

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. ~~Use correct age~~. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08620

## CERTIFICATE OF DEATH

Reg. Dist. No. 254

1310

## 1. PLACE OF DEATH:

County: Carroll County  
 City or town: Granville Md  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? one day

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lillie Gertrude Wilson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Black Spedow

6. (b) Name of husband or wife: Wm Wilson  
 deceased

6. (c) At time of death, age: 55 years  
 7. Birth date of deceased (mo., day, yr.): June 8-1868

8. AGE: Years 80 Months 2 Days 11 If less than one day  
 hrs.  min.

9. Birthplace: Baltimore Md  
 (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Perry Boulden

MOTHER FATHER 12. Name: Perry Boulden  
 13. Birthplace: Granville Md

14. Maiden name: Malalia Wallace  
 15. Birthplace: Salisbury Md

16. Informant: Dairy Coffey  
 Address: Granville Md

17. Burial: Burial Date thereof: Aug 22-48  
 (Burial, cremation, or removal. Which?) Date thereof: (Month) (day) (year)

Cemetery or crematory: Union Chapel Cemetery  
 Location: Granville Md

18. Funeral director: John D. Williams  
 Address: Edmon Md.

19. Date record by registrar: Aug 22-48 Helen M. Redridge  
 (Date record by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State: Md County: Carroll  
 City or town: Granville Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.   
 (If rural, give LOCATION)

2.(a) If veteran, name war:

## 3. (b) Social Security Number

20000

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 19-48 1948 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1948, to Aug 19-48 1948, and that I last saw her alive on Aug 16 1948.

Immediate cause of death: Arteriosclerosis Duration: about 10 years

Due to: cerebral thrombosis Date: Aug 14-48 1948

Due to: neuritis Date: several years

Other conditions: senility Date: 4

(include pregnancy within 3 months of death)

## Major findings of operations:

Date of op.:

## Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: \_\_\_\_\_ Date of: \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?)

Means of injury: \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE: Theodor Sattelauer M. D. or other

Address: Ste. 1000 Date signed: Aug 21, 1948

